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Effec	Application Num	Application Number 09/888,326-Conf. #7237				
ees pursuant to the Consolid	Filing Date		June 22, 2001			
FEE TRANSMITTAL			First Named Inve	0	George Weiner	
For FY 2005			Examiner Name		J. E. Angell	
					1635	
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			Art Unit 1033 Attorney Docket No. C1039.70		39.70052U	300
			Allomoy Beater			
METHOD OF PAYME	ENT (check all th	at apply)				
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Deposit Account D	Deposit Account Number	er: 23/2825 Deposit	Account Name:		enfield & Sa	.cks, P.C
For the above-id	entified deposit a	ccount, the Directo	r is hereby authorize	d to: (check al	I that apply)	t for the filling for
	e(s) indicated bel		Charge	e fee(s) indicat	ed below, ex	cept for the filing fe
X Charge an	y additional fee(s der 37 CFR 1.16	s) or underpayment and 1.17	of x Credit	any overpaym	ents	
EE CALCULATION	1					
. BASIC FILING, SEAF	RCH, AND EXAM	NINATION FEES		EXAMINAT	ION EEES	
	FILIN	G FEES Small <u>Entity</u>	SEARCH FEES Small Entity		mall Entity	11/4
Application Type	Fee (\$)		e (\$) Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150 5	00 250	200	100	
Design	200	100 1	00 50	130	65	
Plant	200	100 3	00 150	160	80	
Reissue	300	150 5	00 250	600	300	
Provisional	200	100	0 0	0	0	
. EXCESS CLAIM FE	ES					Small Ent Fee (\$) Fee (\$)
ee Description						50 25
Each claim over 20 (in-	cluding Reissues	5)				200 100
Each independent clain	n over 3 (includi	ng Reissues)				360 180
fultiple dependent claims			Fee Paid (\$)	Mult	Multiple Dependent Claims	
Total olamo		100 (4)	0			Fee Paid (\$)
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	xtra Claims		ee Paid (\$)			
5 -5=	0 ×	= =	0			
HP = highest number of in	dependent claims pa	id for, if greater than 3.		<u> </u>		
3. APPLICATION SIZE	£ FEE	_		i He. files	d compance of	r computer
		eed 100 sheets of p	aper (excluding elec- ee due is \$250 (\$125	for small enti	ity) for each	additional 50
listings under 37 (thereof Sec 35	e application size it	and 37 CFR 1.16(s)).	• /	
Total Sheets	Extra Sheets	Number of e	ach additional 50 or fr	raction thereof	Fee (\$)	Fee Paid (\$)
) =	 -	(round up to a w	rhole number) x		=
4 OTHER FEE(S)						Fees Paid (\$)
	ification, \$130	fee (no small entity	discount)	third month		1,020.00
Other (e.g., late fil	ing surcharge):	1253 Extension to	or response within continued examin	nation (RCE)	(see 37	790.00
	A	1801 Request ion	OUTLINE OF THE			
SUBMITTED BY			Registration No.	45,128	Telephone	(617) 646-8000
Signature			(Attorney/Agent)	70,120	Date	October 18, 200
Name (Print/Type) Alar	n W. Steele				Date	OCIODO1 10, 200
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Signature: _

Dated: October 18, 2006